

# Burlington County Institute of Technology

## Student Injury Report

Westampton Campus

Medford Campus

Date of Injury: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Grade \_\_\_\_\_

Person In Charge of Activity: \_\_\_\_\_

Person Reporting Injury and relationship to student: \_\_\_\_\_

Accident Location: \_\_\_\_\_

Part of Body Injured: \_\_\_\_\_

How Injury Occurred: \_\_\_\_\_

Treatment: \_\_\_\_\_

Remarks: \_\_\_\_\_

Date of Treatment: \_\_\_\_\_ Time: \_\_\_\_\_

Parent/Guardian Notified: \_\_\_\_\_

Contacted Via: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Student sent to/with:

Hospital \_\_\_ Physician \_\_\_ Parents \_\_\_ Shop/Class \_\_\_ Other \_\_\_\_\_

This Report Completed By: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Note: Serious Injuries are to be reported to the building principal immediately.

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

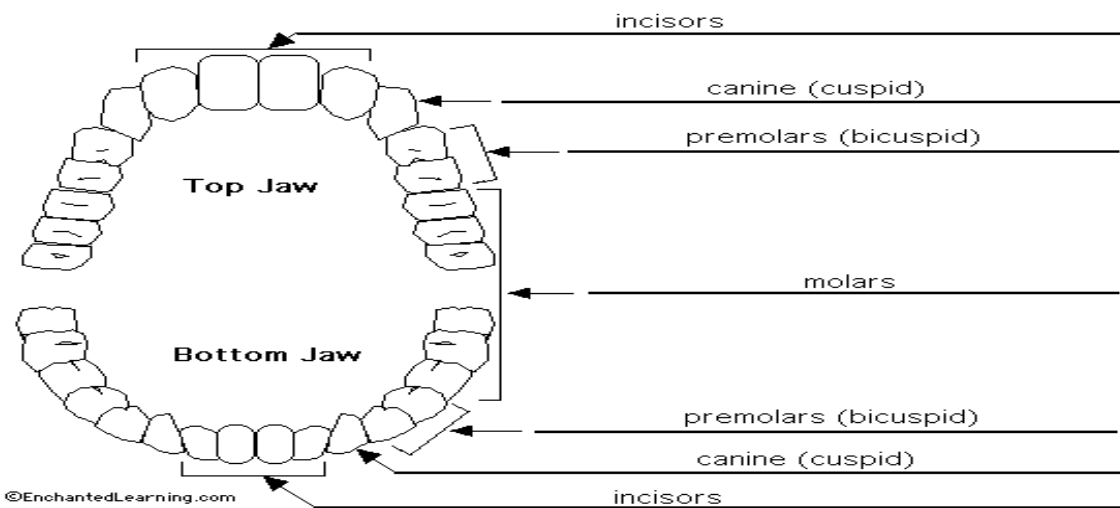
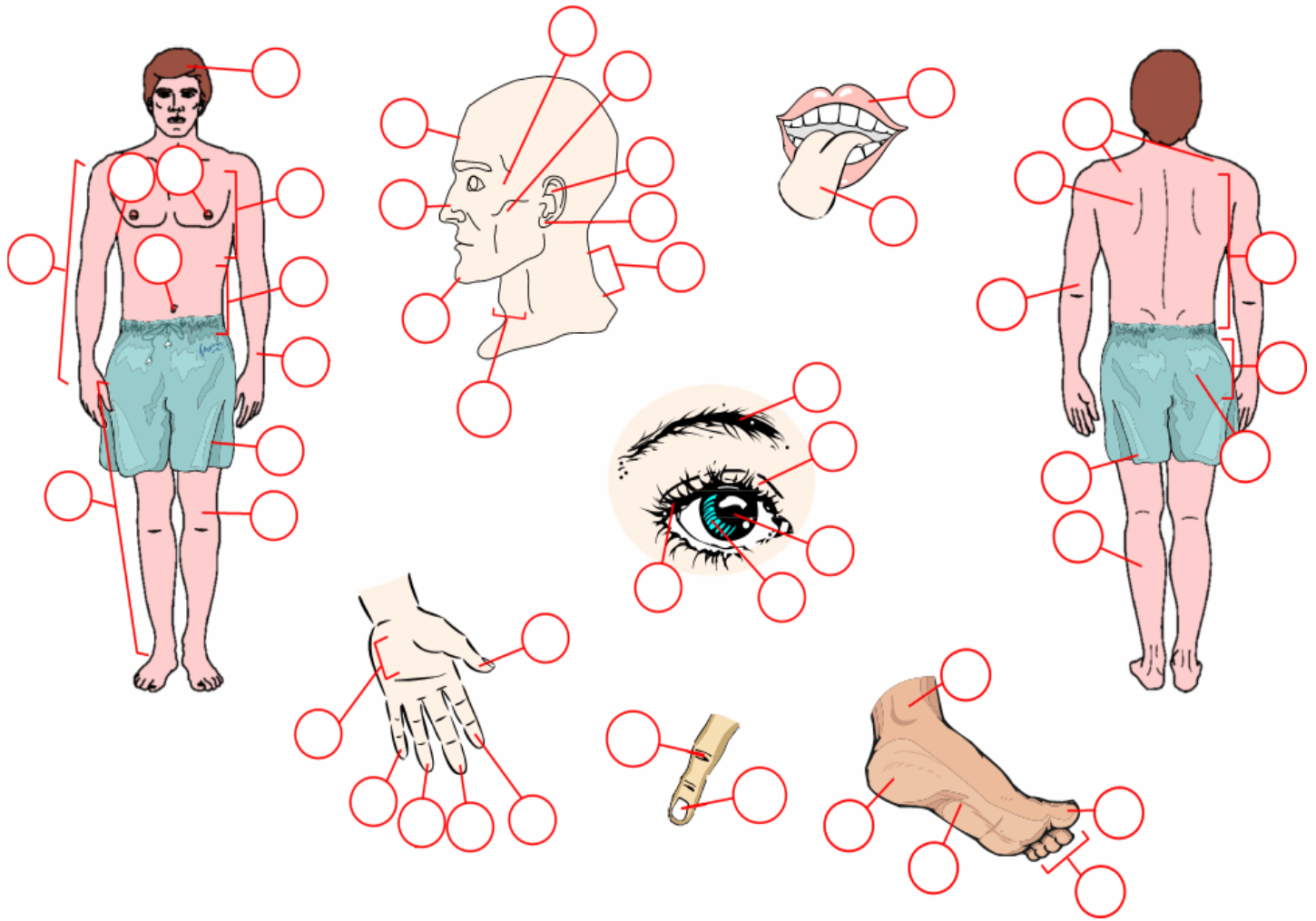
Principal: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_

CAMPUS \_\_\_\_\_

STUDENTS NAME \_\_\_\_\_

GRADE \_\_\_\_\_





Burlington County Special Services School District

Burlington County Institute of Technology

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**Student Injury Witness Statement**

Name of injured student: \_\_\_\_\_ Grade \_\_\_\_\_

Name of witness: \_\_\_\_\_

Location where incident occurred: \_\_\_\_\_

Date and Time of incident: \_\_\_\_\_

What were you (the witness) doing at the time of the incident? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What did you (the witness) personally witness? Describe sequence of events. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who else was present? \_\_\_\_\_

\_\_\_\_\_

Any other related information you (the witness) can provide? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I attest that all the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Parent Authorization/Signature if under the age of 18

\_\_\_\_\_  
Date signed